

**SCHEDULE H
(Form 990)**

Hospitals

OMB No. 1545-0047

2015

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, question 20.
▶ Attach to Form 990.
▶ Information about Schedule H (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization **MidState Medical Center** Employer identification number **06-0646715**

Part I Financial Assistance and Certain Other Community Benefits at Cost

	Yes	No
1a Did the organization have a financial assistance policy during the tax year? If "No," skip to question 6a	X	
b If "Yes," was it a written policy?	X	
2 If the organization had multiple hospital facilities, indicate which of the following best describes application of the financial assistance policy to its various hospital facilities during the tax year. <input checked="" type="checkbox"/> Applied uniformly to all hospital facilities <input type="checkbox"/> Applied uniformly to most hospital facilities <input type="checkbox"/> Generally tailored to individual hospital facilities		
3 Answer the following based on the financial assistance eligibility criteria that applied to the largest number of the organization's patients during the tax year.		
a Did the organization use Federal Poverty Guidelines (FPG) as a factor in determining eligibility for providing free care? If "Yes," indicate which of the following was the FPG family income limit for eligibility for free care: <input type="checkbox"/> 100% <input type="checkbox"/> 150% <input type="checkbox"/> 200% <input checked="" type="checkbox"/> Other <u>250</u> %	X	
b Did the organization use FPG as a factor in determining eligibility for providing discounted care? If "Yes," indicate which of the following was the family income limit for eligibility for discounted care: <input type="checkbox"/> 200% <input type="checkbox"/> 250% <input type="checkbox"/> 300% <input type="checkbox"/> 350% <input checked="" type="checkbox"/> 400% <input type="checkbox"/> Other _____ %	X	
c If the organization used factors other than FPG in determining eligibility, describe in Part VI the criteria used for determining eligibility for free or discounted care. Include in the description whether the organization used an asset test or other threshold, regardless of income, as a factor in determining eligibility for free or discounted care.		
4 Did the organization's financial assistance policy that applied to the largest number of its patients during the tax year provide for free or discounted care to the "medically indigent"?	X	
5a Did the organization budget amounts for free or discounted care provided under its financial assistance policy during the tax year?	X	
b If "Yes," did the organization's financial assistance expenses exceed the budgeted amount?	X	
c If "Yes" to line 5b, as a result of budget considerations, was the organization unable to provide free or discounted care to a patient who was eligible for free or discounted care?		X
6a Did the organization prepare a community benefit report during the tax year?	X	
b If "Yes," did the organization make it available to the public?	X	

Complete the following table using the worksheets provided in the Schedule H Instructions. Do not submit these worksheets with the Schedule H.

7 Financial Assistance and Certain Other Community Benefits at Cost	(a) Number of activities or programs (optional)	(b) Persons served (optional)	(c) Total community benefit expense	(d) Direct offsetting revenue	(e) Net community benefit expense	(f) Percent of total expense
Financial Assistance and Means-Tested Government Programs						
a Financial Assistance at cost (from Worksheet 1)			1868753.		1868753.	.86%
b Medicaid (from Worksheet 3, column a)			88115141.	61706367.	26408774.	12.17%
c Costs of other means-tested government programs (from Worksheet 3, column b)						
d Total Financial Assistance and Means-Tested Government Programs			89983894.	61706367.	28277527.	13.03%
Other Benefits						
e Community health improvement services and community benefit operations (from Worksheet 4)			367,689.		367,689.	.17%
f Health professions education (from Worksheet 5)						
g Subsidized health services (from Worksheet 6)			975,144.	522,489.	452,655.	.21%
h Research (from Worksheet 7)						
i Cash and in-kind contributions for community benefit (from Worksheet 8)			1,372.		1,372.	.00%
j Total Other Benefits			1344205.	522,489.	821,716.	.38%
k Total. Add lines 7d and 7j			91328099.	62228856.	29099243.	13.41%

Part V Facility Information (continued)

Section B. Facility Policies and Practices

(Complete a separate Section B for each of the hospital facilities or facility reporting groups listed in Part V, Section A)

Name of hospital facility or letter of facility reporting group MidState Medical Center

Line number of hospital facility, or line numbers of hospital facilities in a facility reporting group (from Part V, Section A): 1

	Yes	No
Community Health Needs Assessment		
1 Was the hospital facility first licensed, registered, or similarly recognized by a state as a hospital facility in the current tax year or the immediately preceding tax year?	1	X
2 Was the hospital facility acquired or placed into service as a tax-exempt hospital in the current tax year or the immediately preceding tax year? If "Yes," provide details of the acquisition in Section C	2	X
3 During the tax year or either of the two immediately preceding tax years, did the hospital facility conduct a community health needs assessment (CHNA)? If "No," skip to line 12	3	X
If "Yes," indicate what the CHNA report describes (check all that apply):		
a <input checked="" type="checkbox"/> A definition of the community served by the hospital facility		
b <input checked="" type="checkbox"/> Demographics of the community		
c <input checked="" type="checkbox"/> Existing health care facilities and resources within the community that are available to respond to the health needs of the community		
d <input checked="" type="checkbox"/> How data was obtained		
e <input checked="" type="checkbox"/> The significant health needs of the community		
f <input checked="" type="checkbox"/> Primary and chronic disease needs and other health issues of uninsured persons, low-income persons, and minority groups		
g <input checked="" type="checkbox"/> The process for identifying and prioritizing community health needs and services to meet the community health needs		
h <input checked="" type="checkbox"/> The process for consulting with persons representing the community's interests		
i <input checked="" type="checkbox"/> Information gaps that limit the hospital facility's ability to assess the community's health needs		
j <input type="checkbox"/> Other (describe in Section C)		
4 Indicate the tax year the hospital facility last conducted a CHNA: 20 <u>14</u>		
5 In conducting its most recent CHNA, did the hospital facility take into account input from persons who represent the broad interests of the community served by the hospital facility, including those with special knowledge of or expertise in public health? If "Yes," describe in Section C how the hospital facility took into account input from persons who represent the community, and identify the persons the hospital facility consulted	5	X
6a Was the hospital facility's CHNA conducted with one or more other hospital facilities? If "Yes," list the other hospital facilities in Section C	6a	X
b Was the hospital facility's CHNA conducted with one or more organizations other than hospital facilities? If "Yes," list the other organizations in Section C	6b	X
7 Did the hospital facility make its CHNA report widely available to the public?	7	X
If "Yes," indicate how the CHNA report was made widely available (check all that apply):		
a <input checked="" type="checkbox"/> Hospital facility's website (list url): <u>See Part V</u>		
b <input type="checkbox"/> Other website (list url):		
c <input checked="" type="checkbox"/> Made a paper copy available for public inspection without charge at the hospital facility		
d <input checked="" type="checkbox"/> Other (describe in Section C)		
8 Did the hospital facility adopt an implementation strategy to meet the significant community health needs identified through its most recently conducted CHNA? If "No," skip to line 11	8	X
9 Indicate the tax year the hospital facility last adopted an implementation strategy: 20 <u>15</u>		
10 Is the hospital facility's most recently adopted implementation strategy posted on a website?	10	X
a If "Yes," (list url):		
b If "No," is the hospital facility's most recently adopted implementation strategy attached to this return?	10b	X
11 Describe in Section C how the hospital facility is addressing the significant needs identified in its most recently conducted CHNA and any such needs that are not being addressed together with the reasons why such needs are not being addressed.		
12a Did the organization incur an excise tax under section 4959 for the hospital facility's failure to conduct a CHNA as required by section 501(t)(3)?	12a	X
b If "Yes" to line 12a, did the organization file Form 4720 to report the section 4959 excise tax?	12b	
c If "Yes" to line 12b, what is the total amount of section 4959 excise tax the organization reported on Form 4720 for all of its hospital facilities? \$		

Part V Facility Information (continued)

Financial Assistance Policy (FAP)

Name of hospital facility or letter of facility reporting group MidState Medical Center

	Yes	No
Did the hospital facility have in place during the tax year a written financial assistance policy that:		
13 Explained eligibility criteria for financial assistance, and whether such assistance included free or discounted care?	X	
If "Yes," indicate the eligibility criteria explained in the FAP:		
a <input checked="" type="checkbox"/> Federal poverty guidelines (FPG), with FPG family income limit for eligibility for free care of <u>250</u> % and FPG family income limit for eligibility for discounted care of <u>400</u> %		
b <input type="checkbox"/> Income level other than FPG (describe in Section C)		
c <input type="checkbox"/> Asset level		
d <input checked="" type="checkbox"/> Medical indigency		
e <input checked="" type="checkbox"/> Insurance status		
f <input checked="" type="checkbox"/> Underinsurance status		
g <input type="checkbox"/> Residency		
h <input checked="" type="checkbox"/> Other (describe in Section C)		
14 Explained the basis for calculating amounts charged to patients?	X	
15 Explained the method for applying for financial assistance?	X	
If "Yes," indicate how the hospital facility's FAP or FAP application form (including accompanying instructions) explained the method for applying for financial assistance (check all that apply):		
a <input checked="" type="checkbox"/> Described the information the hospital facility may require an individual to provide as part of his or her application		
b <input checked="" type="checkbox"/> Described the supporting documentation the hospital facility may require an individual to submit as part of his or her application		
c <input checked="" type="checkbox"/> Provided the contact information of hospital facility staff who can provide an individual with information about the FAP and FAP application process		
d <input checked="" type="checkbox"/> Provided the contact information of nonprofit organizations or government agencies that may be sources of assistance with FAP applications		
e <input checked="" type="checkbox"/> Other (describe in Section C)		
16 Included measures to publicize the policy within the community served by the hospital facility?	X	
If "Yes," indicate how the hospital facility publicized the policy (check all that apply):		
a <input checked="" type="checkbox"/> The FAP was widely available on a website (list url): <u>See Part V</u>		
b <input checked="" type="checkbox"/> The FAP application form was widely available on a website (list url): <u>See Part V</u>		
c <input checked="" type="checkbox"/> A plain language summary of the FAP was widely available on a website (list url): <u>See Part V</u>		
d <input checked="" type="checkbox"/> The FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
e <input checked="" type="checkbox"/> The FAP application form was available upon request and without charge (in public locations in the hospital facility and by mail)		
f <input checked="" type="checkbox"/> A plain language summary of the FAP was available upon request and without charge (in public locations in the hospital facility and by mail)		
g <input checked="" type="checkbox"/> Notice of availability of the FAP was conspicuously displayed throughout the hospital facility		
h <input type="checkbox"/> Notified members of the community who are most likely to require financial assistance about availability of the FAP		
i <input checked="" type="checkbox"/> Other (describe in Section C)		

Billing and Collections

17 Did the hospital facility have in place during the tax year a separate billing and collections policy, or a written financial assistance policy (FAP) that explained all of the actions the hospital facility or other authorized party may take upon non-payment?	X	
18 Check all of the following actions against an individual that were permitted under the hospital facility's policies during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
e <input checked="" type="checkbox"/> None of these actions or other similar actions were permitted		

Part V Facility Information (continued)

Name of hospital facility or letter of facility reporting group MidState Medical Center

	Yes	No
19 Did the hospital facility or other authorized party perform any of the following actions during the tax year before making reasonable efforts to determine the individual's eligibility under the facility's FAP?		X
If "Yes," check all actions in which the hospital facility or a third party engaged:		
a <input type="checkbox"/> Reporting to credit agency(ies)		
b <input type="checkbox"/> Selling an individual's debt to another party		
c <input type="checkbox"/> Actions that require a legal or judicial process		
d <input type="checkbox"/> Other similar actions (describe in Section C)		
20 Indicate which efforts the hospital facility or other authorized party made before initiating any of the actions listed (whether or not checked) in line 19 (check all that apply):		
a <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy on admission		
b <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy prior to discharge		
c <input checked="" type="checkbox"/> Notified individuals of the financial assistance policy in communications with the individuals regarding the individuals' bills		
d <input checked="" type="checkbox"/> Documented its determination of whether individuals were eligible for financial assistance under the hospital facility's financial assistance policy		
e <input type="checkbox"/> Other (describe in Section C)		
f <input type="checkbox"/> None of these efforts were made		

Policy Relating to Emergency Medical Care

21 Did the hospital facility have in place during the tax year a written policy relating to emergency medical care that required the hospital facility to provide, without discrimination, care for emergency medical conditions to individuals regardless of their eligibility under the hospital facility's financial assistance policy?	21	X	
If "No," indicate why:			
a <input type="checkbox"/> The hospital facility did not provide care for any emergency medical conditions			
b <input type="checkbox"/> The hospital facility's policy was not in writing			
c <input type="checkbox"/> The hospital facility limited who was eligible to receive care for emergency medical conditions (describe in Section C)			
d <input type="checkbox"/> Other (describe in Section C)			

Charges to Individuals Eligible for Assistance Under the FAP (FAP-Eligible Individuals)

22 Indicate how the hospital facility determined, during the tax year, the maximum amounts that can be charged to FAP-eligible individuals for emergency or other medically necessary care.			
a <input type="checkbox"/> The hospital facility used its lowest negotiated commercial insurance rate when calculating the maximum amounts that can be charged			
b <input type="checkbox"/> The hospital facility used the average of its three lowest negotiated commercial insurance rates when calculating the maximum amounts that can be charged			
c <input type="checkbox"/> The hospital facility used the Medicare rates when calculating the maximum amounts that can be charged			
d <input checked="" type="checkbox"/> Other (describe in Section C)			
23 During the tax year, did the hospital facility charge any FAP-eligible individual to whom the hospital facility provided emergency or other medically necessary services more than the amounts generally billed to individuals who had insurance covering such care?	23		X
If "Yes," explain in Section C.			
24 During the tax year, did the hospital facility charge any FAP-eligible individual an amount equal to the gross charge for any service provided to that individual?	24		X
If "Yes," explain in Section C.			

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MidState Medical Center:

Part V, Section B, Line 5: To solicit input from key participants and individuals who have a broad interest in the health of the community, an Online Key Participant Survey was also implemented as part of this process. These individuals included physicians, public health representatives, health professionals, social service providers and a variety of other community leaders including the following:

Berlin Senior Center

Boys and Girls Club of Meriden

Bristol Community Organization

Bristol-Burlington Health District

Calendar House Southington Senior Center

Central Connecticut Senior Health Services

Community Health Center, Inc.

Connecticut Association for Community Action

Girls Incorporated of Meriden

Greater New Britain Chamber of Commerce

Meriden Senior Center

Meriden-Wallingford Chrysalis, Inc.

MHT Christians in Action

MidState Medical Center

Quinnipiac Chamber of Commerce

South Central CT Substance Abuse Council

Southington Library

Southington Public Schools

Part V Facility Information *(continued)*

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

The Hospital of Central Connecticut

United Way

Wallingford Health Department

Wallingford Senior Center

Women and Families Center

YMCA

Participants were chosen because of their ability to identify primary concerns of the populations with whom they work, as well as of the overall community. Key participants were contacted by email, introducing the purpose of the survey and providing a link to take the survey online. Key participants were asked to rate the degrees to which various health issues were a problem in the Central Region. Follow-up questions asked them to describe why they identified areas as such, and how these might be better addressed.

After reviewing the Community Health Needs Assessment findings, the community representatives met on June 10, 2015 to determine the health needs to be prioritized for action. During a detailed presentation of the CHNA findings, the Hospital used audience response system (ARS) technologies to lead steering committee members through a process of understanding key local data findings (Areas of Opportunity) and ranking identified health issues against the following established, uniform criteria: Magnitude, Impact/Seriousness/Feasibility, Consequences of Inaction. From this exercise, the areas of opportunity were prioritized as follows by the committee: Mental Health, Nutrition, Physical Activity & Weight Status, Diabetes, Substance Abuse, Cancer, Heart Disease and

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

Stroke.

Part V, Section B, Line 7a

<https://midstatemedical.org/about/community-outreach/community-health-needs-assessment>

MidState Medical Center:

Part V, Section B, Line 7d: The needs assessment was published in July 2015 and is available on the hospital's website. In addition, electronic copies are available upon request.

MidState Medical Center:

Part V, Section B, Line 11: In acknowledging the wide range of priority health issues that emerged from the CHNA process, MidState Medical Center determined that it could only effectively focus on those which it deemed most pressing, most under-addressed, and most within its ability to influence:

*Nutrition, Physical Activity & Weight Status

*Mental Health & Substance Abuse

*Heart Disease/Stroke

*Diabetes

*Cancer

Additional needs identified as "Areas of Opportunity" were not deemed as

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

significant and did not rank highly enough to earn a prioritized ranking.

Areas of Opportunity, identified but not prioritized:

*Substance Abuse

*Infant Health & Family Planning

*Injury & Violence

*Potentially Disabling Conditions

*Sexually Transmitted Diseases

*HIV/AIDS

*Chronic Kidney Disease

Chronic Kidney Disease:

MMC believes that efforts outlined herein to improve and increase awareness of healthy lifestyles will have a positive impact on the detection of kidney disease and that we do not have the available resources to create a separate set of kidney-specific initiatives.

Dementia, including Alzheimer's Disease:

MMC believes that this priority area falls more within the purview of local organizations, such as the area Alzheimer's Resource Center. MMC will support communication of these services.

Potentially Disabling Conductions:

Those voting felt that more pressing health needs existed. Limited resources and lower priority excluded this as an area chosen for action.

Respiratory Diseases:

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2," "B, 3," etc.) and name of hospital facility.

MMC participates in a statewide asthma collaborative established by the CT Department of Public Health and The CT Hospital Association. MMC will support the established initiatives from this collaborative.

Sexually Transmitted Diseases:

MMC believes that this priority area falls more within the purview of the community/district health departments and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.

HIV/AIDS:

MMC believes that this priority area falls more within the purview of the community/district health departments and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.

Infant Health & Family Planning:

MMC has limited resources, services, and expertise to address these issues. Other community organizations have infrastructure and programs in place to better address these needs. Limited resources excluded this as an area chosen for action.

Injury & Violence Prevention:

MMC believes that this priority area falls more within the purview of the community/district health departments and other community organizations. Limited resources and lower priority excluded this as an area chosen for action.

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

MidState Medical Center:

Part V, Section B, Line 13h: Family eligibility criteria for Financial Assistance also include family size, employment status, financial obligations, and amount and frequency of health care expenses.

MidState Medical Center:

Part V, Section B, Line 15e: In addition, patient may ask nurse, physician, chaplain, or staff member from Patient Registration, Patient Financial Services, Case Coordination, or Social Services about initiating the Financial Assistance Application process.

Part V, Line 16a, FAP website:

<https://midstatemedical.org/patients-visitors/billing-insurance/financial-assistance>

Part V, Line 16b, FAP Application website:

<https://midstatemedical.org/patients-visitors/billing-insurance/financial-assistance>

Part V, Line 16c, FAP Plain Language Summary website:

<https://midstatemedical.org/patients-visitors/billing-insurance/financial-assistance>

Part V Facility Information (continued)

Section C. Supplemental Information for Part V, Section B. Provide descriptions required for Part V, Section B, lines 2, 3j, 5, 6a, 6b, 7d, 11, 13b, 13h, 15e, 16i, 18d, 19d, 20e, 21c, 21d, 22d, 23, and 24. If applicable, provide separate descriptions for each hospital facility in a facility reporting group, designated by facility reporting group letter and hospital facility line number from Part V, Section A ("A, 1," "A, 4," "B, 2" "B, 3," etc.) and name of hospital facility.

MidState Medical Center:

Part V, Section B, Line 16i: Patients are informed directly by staff of the availability of the Financial Assistance Policy.

MidState Medical Center:

Part V, Section B, Line 22d: For uninsured patients, published rates are reduced by the percentage defined by the IRS as the amounts generally billed using a "look back" retrospective calculation to calculate the amount allowed by governmental (Medicare and Medicaid) and commercially insured patients. This percentage is updated on an annual basis. The annual calculation methodology and the percentages are located in Appendix A of the Hospital's Financial Assistance Policy.

Underinsured patients will not be billed more than amounts generally billed (AGB) to insured patients.

Part VI Supplemental Information

Provide the following information.

- 1 **Required descriptions.** Provide the descriptions required for Part I, lines 3c, 6a, and 7; Part II and Part III, lines 2, 3, 4, 8 and 9b.
- 2 **Needs assessment.** Describe how the organization assesses the health care needs of the communities it serves, in addition to any CHNAs reported in Part V, Section B.
- 3 **Patient education of eligibility for assistance.** Describe how the organization informs and educates patients and persons who may be billed for patient care about their eligibility for assistance under federal, state, or local government programs or under the organization's financial assistance policy.
- 4 **Community information.** Describe the community the organization serves, taking into account the geographic area and demographic constituents it serves.
- 5 **Promotion of community health.** Provide any other information important to describing how the organization's hospital facilities or other health care facilities further its exempt purpose by promoting the health of the community (e.g., open medical staff, community board, use of surplus funds, etc.).
- 6 **Affiliated health care system.** If the organization is part of an affiliated health care system, describe the respective roles of the organization and its affiliates in promoting the health of the communities served.
- 7 **State filing of community benefit report.** If applicable, identify all states with which the organization, or a related organization, files a community benefit report.

Part I, Line 3c:

Midstate Medical Center used the Federal Poverty Guidelines to determine eligibility. In addition, the hospital takes into consideration, medical indigency, insurance status, underinsurance status, and other family eligibility criteria such as family size, employment and financial obligations.

Part I, Line 6a

The Organization submits quarterly reports to Connecticut Hospital Association and Form 990 is submitted to the Connecticut Office of Health Care Access (OHCA) annually.

Part I, Line 7:

The organization utilized the RCC derived from the FY 2016 Medicare cost report which already incorporates or is net of non-patient care costs (i.e. bad debt, non-patient care, etc.). The ratio was further reduced to incorporate the directly identified community expenses. This cost to charge ratio was used to calculate costs for Part I lines 7a, b, & g. The

Part VI Supplemental Information (Continuation)

costs associated with the activities reported on Part I, Line 7e were captured using actual time multiplied by an average salary rate. These costs were removed from the calculations above to avoid duplication. Costs reported in Part III, Section B6, were calculated from the Medicare cost report and reduced for Medicare costs previously reported on Part I Lines 7f and 7g.

Part I, Line 7g:

No physician clinic costs were included in the subsidized Health Services cost calculations.

Part II, Community Building Activities:

MidState coordinates a Community Vision group that interacts with the community to address needs and facilitate responses to identified needs. Through Community Vision, MidState has collaborated with the United Way of Meriden and Wallingford to address food collection and distribution for the needy while also conducting semi-annual food collections within the hospital for distribution to those in need. More specifically, MidState is involved in a Choice Neighborhood program in collaboration with the housing authority, health department, Children's First initiative and other health and human service providers. This program is targeted on high risk neighborhoods and downtown area in order to respond with extended services to families who reside in a targeted segment of the community. MidState representatives also serve on a housing coalition that addresses the need for housing and shelter in its primary service area. Since basic needs, such as food and housing, are tied to health status, MidState's participation in these initiatives alongside the United Way has been important and beneficial to the community the hospital serves.

Part VI Supplemental Information (Continuation)

Since the mid-1990s, MidState has had a close-knit relationship with nearby John Barry Elementary School which has provided opportunities for staff to adopt classrooms and enrich the academic experience of students through read-a-loud days and other classroom activities, as well as promote tailored education to students on important health topics including the signs and symptoms of stroke. By educating students on disease risk factors at an early age, it is the hope that their knowledge base will increase, they will share information with their families and perhaps recognize a health problem in a loved one.

For FY16, the MidState Medical Center expended \$4,747 on community building activities as reported on Part II of schedule H.

Part III, Line 2:

The Hospital has established estimates based on information presently available of amounts due to or from Medicare, Medicaid, and third-party payers for adjustments to current and prior year payment rates, based on industry-wide and Hospital-specific data. Such amounts are included in the accompanying consolidated balance sheets.

Part III, Line 3:

A pre-bad debt financial assistance screening is in place to identify patients that may be eligible for financial assistance. Pre-bad debt accounts that are identified as meeting the requirements are adjusted as charity care prior to being sent to bad debt. Therefore, any bad debt expense that could have been attributable to charity care at the end of FY 2016 would be immaterial.

Part VI Supplemental Information (Continuation)

Part III, Line 4:

Please see the text of the footnote that describes bad debt expense beginning on pages 20 of the Audited Financial Statement. The Footnote is also applicable to Part III, Line 2.

Part III, Line 8:

Providing for those in need, including Medicare patients and serving all patients regardless of their ability to pay is an essential part of the organization's mission. The hospital serves all patients without regard to any payment shortfall. Therefore the Medicare shortfall should be considered to be a community benefit. The organization Medicare Cost Report was used to accumulate actual costs related to Part III, Section B, Line 6.

Part III, Line 9b:

MidState Medical Center has adopted the Financial Assistance Policy of its Parent Company, Hartford HealthCare Corporation. The following is included in the Financial Assistance Policy: For those patients that qualify for financial assistance and for whom in the System's sole determination are cooperating in good faith to resolve the System's outstanding accounts, the Systems' facilities may offer extended payment plans to eligible patients, will not impose wage garnishments or liens on primary residences, will not send unpaid bills to outside collection agencies and will cease all collection efforts.

No Extraordinary Collection Actions (ECA) will be initiated during the first 120 days following the first post-discharge billing statement to a

Part VI Supplemental Information (Continuation)

valid address or during the time that patient's Financial Assistance Application is processing. Before initiating any ECA, a notice will be provided to the patient 30 days prior to initiating such event.

If the patient applies for assistance within 240 days from the first notification of the self-pay balance, and is granted assistance, any ECA's such as negative reporting to a credit bureau or liens that have been filed will be removed.

Part VI, Line 2:

MidState Medical Center uses Emergency Room data to track increases in medical conditions such as falls, flu, drug overdoses, etc. The same approach is taken in our outpatient clinics. We periodically canvas our Social Work/Case Management staff as to what they are seeing and hearing about as they work with patients. We also track requests from other entities such as area non profits, local government agencies and public schools. These requests often reflect growing needs and issues in our community.

Part VI, Line 3:

MidState Medical Center will provide information about its Financial Assistance Policy as follows: (i) provide signs regarding this Policy and written plain language summary information describing the Policy along with Financial Assistance contact information in the Emergency Department, Labor and Delivery areas and other patient registration areas; (ii) provide to each patient written plain language summary information describing the Policy along with Financial Assistance contact information in admission, patient registration, discharge, billing and collection

Part VI Supplemental Information (Continuation)

written communications; (iii) make paper copies of the Policy, financial assistance application, and plain language summary of the Policy available upon request and without charge, both my mail and in public locations in the hospital facility, including the emergency room and admissions areas; (iv) post the Policy, plain language summary and financial assistance application on the website with clear linkage to such documents on the MidState's home page; (v) educate all admission and registration personnel regarding the Policy so that they can serve as an informational resource to patients regarding the Policy; and (vi) include the tag line "Please ask about our Financial Assistance Policy" in MidState written publications.

Part VI, Line 4:

MidState Medical Center is located in central Connecticut. Its primary service area has a total population of 178,551 people. Of those, 21% are under the age of 18, 63% 18 to 64 and 16% are seniors. The racial makeup is 77% White, 5% Black, 14% Hispanic and 3% Asian. Females make up 51% of the populations and males account for 49%. There are about 5,000 veterans in the service area. 8% of the population lives below the poverty level. Approximately 26% speak a language other than English at home. 32% have a Bachelor's degree or higher.

Part VI, Line 5:

The mission of MidState Medical Center is to improve the health and healing of the people and communities we serve. MidState is committed and focused on efforts to promote health and wellness.

The majority of MidState Medical Center's regional governing board is

Part VI Supplemental Information (Continuation)

comprised of persons who either reside or work in its primary service area, and they are neither employees nor contractors of the Hospital.

MidState Medical Center extends medical staff privileges to all qualified physicians in its community. The Hospital/Medical Center has partnered with the Community Health Center to provide health services to the underserved in the community. In addition, MidState participates in Community Vision to improve community health and well-being.

MidState has contracted to use the services of an organization to assist its patients in determining eligibility and applying for state and federal means tested programs such as Medicare and Medicaid, as well as for the MidState Medical Center Financial Assistance Program. Additionally, the MidState Emergency Department and satellite MediQuick Urgent Care facilities provide medical care regardless of patients' ability to pay for services.

In towns across central Connecticut, MidState Medical Center is committed and focused on efforts to promote health and wellness in the communities the hospital serves.

Each year, MidState makes a concerted effort to go above and beyond its call to the community. Our physicians, nurses, and staff reach out to thousands of individuals every year through health-related programs and special events. Additionally, MidState has partnered with various community organizations to improve the quality of life of its residents. These include key opinion leaders, faith communities, business leaders, government officials, and a variety of social service organizations.

Part VI Supplemental Information (Continuation)Senior Emergency Care Services

In May 2013, with an eye on the health needs of our aging population, MidState began offering a newer, innovative approach to caring for seniors in its Emergency Department. When a patient 65+ comes to our Emergency Department, they are not just treated for the ailment that brought them to the hospital. A multi disciplinary team also performs a special assessment to gauge the patient's status and whether they may have medication issues, be a fall risk or suffer from ailments like dementia and depression. The hope is to identify follow up care before the condition worsens. When patients leave our Emergency Department, we make sure they are transitioning home or to another care setting smoothly by developing individualized care plans following discharge, making follow up appointments.

Part VI, Line 6:

Hartford Healthcare Corporation (HHC) is organized as a support organization to govern, manage and provide support services to its affiliates. HHC, through its affiliates including MidState Medical Center, strives to improve health using the "Triple Aim" model: improving quality and experience of care; improving health of the population (population health) and reducing costs. The Strategic Planning and Community Benefit Committee of the HHC Board of Directors ensures the oversight for these services by each hospital community. HHC and its affiliates, including all supporting organizations, develop and implement programs to improve the future of health care in our Southern New England region. This includes initiatives to improve the quality and accessibility of health care; create efficiency on both our internal operations and the utilization of

Part VI Supplemental Information (Continuation)

health care; and provide patients with the most technically advanced and compassionate coordinated care. In addition, HHC continues to take important steps toward achieving its vision of being "nationally respected for excellence in patient care and most trusted for personalized, coordinated care".

The affiliation with HHC creates a strong, integrated health care delivery system with a full continuum of care across a broader geographic area. This allows small communities easy and expedient access to the more extensive and specialized services that the larger hospitals are able to offer. This includes continuing education of health care professionals at all the affiliated institutions through the Center of Education, Simulation and Innovation located at Hartford Hospital.

The affiliation further enhances the affiliates' abilities to support their missions, identity, and respective community roles. This is achieved through integrated planning and communication to meet the changing needs of the region. This includes responsible decision making and appropriate sharing of services, resources and technologies, as well as cost containment strategies.

Part VI, Line 7, List of States Receiving Community Benefit Report:

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